



INTERDISTRICT ATTENDANCE REQUEST
NORTH COUNTY JOINT UNION SCHOOL DISTRICT
500 SPRING GROVE ROAD – HOLLISTER, CA 95023
PHONE: 831-637-5574 – FAX: 831-637-0682
SCHOOL YEAR 2022/2023

STUDENT AND PARENT/GUARDIAN INFORMATION

Please list Student Name (Last Name, First Name)

Student 1: _____ M ___ F ___ Grade: _____ School Requested _____

Student 2: _____ M ___ F ___ Grade: _____ School Requested _____

Student 3: _____ M ___ F ___ Grade: _____ School Requested _____

Parent/Guardian Name: _____

Address: _____ City/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email _____

If student(s) receive(s) special services, check which type below:

	<u>Resource Specialist</u>	<u>Special Day Class</u>	<u>Speech</u>	<u>504 Plan</u>
Student 1	(____)	(____)	(____)	(____)
Student 2	(____)	(____)	(____)	(____)
Student 3	(____)	(____)	(____)	(____)

SCHOOL AND DISTRICT TRANSFER INFORMATION

District of Residence: North County Joint USD
 Address: 500 Spring Grove Rd.
 City/Zip: Hollister, CA 95023

District Requested: _____
 Address: _____
 City/Zip: _____

REASON(S) FOR REQUEST

Please check the following reasons that apply and attach supporting documentation to verify compliance with your reason, as needed.

- | | |
|---|---|
| 1. _____ Child Care | Verification required on reverse of this form |
| 2. _____ Mental/Physical Needs | Attach certification by a physician, school psychologist, or other appropriate personnel |
| 3. _____ Sibling | To avoid splitting the family's attendance |
| 4. _____ Change of Residence | Moving into a new district of residence and want student(s) to remain where currently attending |
| 5. _____ 8 th Grader | To allow 8 th grader to attend same school attended in 7 th grade if family moved out of district |
| 6. _____ Moving into district | Official documentation required |
| 7. _____ Temporarily out of Dist | When student will be out of district for one year or less |
| 8. _____ Recommended by Social Services | When social services recommends it is inadvisable for student to attend school of residence |
| 9. _____ Education Program | Education program not offered in district of residence: _____ |
| 10. _____ School Environment | For reasons of personal and social adjustment. Reason: _____ |

PARENT GUARDIAN STATEMENT

I/we understand the conditions if approval is granted: (1) this request is subject to available space (2) there will be no additional costs to either district (3) approval by both district(s) is required (4) students transportation to and from school will be provided by parents (5) students must maintain attendance, behavior and academic requirements; (6) district may verify information on this form and students attendance, behavior and academic records (7) once a student is enrolled in a school, he/she shall not be required to reapply for an interdistrict transfer. If the request is denied and all appeal rights have been exhausted in the district, I/we have the right to appeal the decision to the County Office of Education of the denying district. I/we hereby certify all the information provided is accurate and understand and agree to the stated conditions.

Signature of Parent/Guardian: _____ Date: _____

See Reverse for Decision

VERIFICATION OF CHILD CARE

Child care

Provider must be in requested district's attendance boundaries

Provider: _____

Provider Address: _____

DECISION

District of Residence

Check One: Approved: _____ Denied: _____ Approved for SY 21/22 only: _____

Reason(s) for decision if denied:

Administrator Approval: _____ Date: _____

District Requested

Check One: Approved: _____ Denied: _____

Reason(s) for decision if denied:

Administrator Approval: _____ Date: _____